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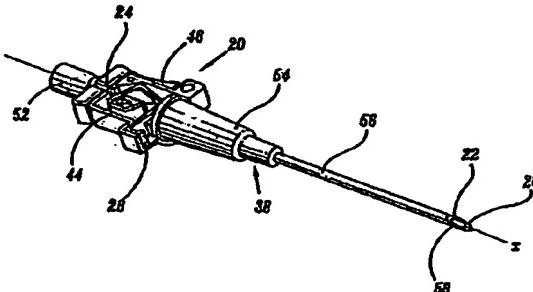
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(54) Title: **SAFETY SHIELD**



WO 2005/042073 A1

(57) **Abstract:** A safety shield (20) is provided including a piercing member (22) having a proximal end (26), a distal end and defining a longitudinal axis. A clip (28) defines a first cavity (30) dimensioned for movement of the piercing member (22) therethrough and is oriented in an axis transverse to the longitudinal axis. The first cavity (30) is movable between a movable orientation and a binding orientation. The clip (28) includes a first leg (32) that defines a second cavity (34) dimensioned for movement of the piercing member (22) therethrough and a distal part (36) being configured to engage a medical device (38). The clip (28) further includes a second leg (40) having a bearing surface (42) that engages the piercing member (22). The legs (32, 40) are biased for convergent movement such that the first cavity (30) is disposed in the binding orientation and the distal part (36) of the first leg (32) disengages the medical device (38).

SAFETY SHIELD**5 BACKGROUND****1. Technical Field**

The present disclosure generally relates to the field of medical assemblies for the administration of fluids, and more particularly, to safety shields that prevent hazardous exposure to a medical piercing member.

10 2. Description of the Related Art

Problems associated with inadvertent sticks and punctures from traditional non-safety medical devices are well known in the art of fluid administration, which includes fluid sampling, percutaneous medication injection and other medical procedures involving the use of medical piercing members such as, for example, hypodermic needles, biopsy needles, intravenous (IV) introducers, trocars, guide wires, thoracentesis needles, etc. Significant attention is focused on health risks associated with hazardous needle exposure due to the contemporary sensitivity of exposure to AIDS, Hepatitis and other blood-borne pathogens. These risks are some of the most prevalent occupational health hazards among health care professionals. These professionals are in danger of contracting such blood-borne pathogens from infected patients by inadvertent sticks from a contaminated needle of a traditional non-safety medical device, for example, employed during medical, dental, laboratory, etc. procedures.

Attempts to overcome health hazards associated with inadvertent or undesired stick from a contaminated piercing member have produced a variety of shielding devices. In the case of a medical needle, some of these devices utilize a separate shielding cap mounted over the needle after use, while other devices employ pivoting shields, extensible shields, etc. These devices may disadvantageously require the practitioner to use both hands to implement their protective components. These designs can also be relatively complicated and time consuming in use.

Extending shields have the burden of additional length, increasing the need for additional space when using the device. Other designs provide retractable devices that may require considerable additional length, as compared to a traditional non-safety device, to